POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. C.		7/1/99
O.I.P.E. CLASSIFIER		25	02-02-99
FORMALITY REVIEW	EM	76622	2-9-99

INDEX OF CLAIMS

✓	Rejected	N .... Non-elected
=	Allowed	I .... Interference
– (Through numeral)... Canceled		A .... Appeal
÷	Restricted	O .... Objected

Claim		Date								
Final	Original	4-10-00	9-12-00	6-1-01	4-23-03	10/2				
1	1	✓	✓	✓						
2	2	✓	✓	✓						
3	3	✓	✓	✓						
4	4	✓	✓	✓	=					
	5	✓	✓	✓						
2	6	✓	✓	✓	=					
	7	✓	✓	✓	=					
3	8	✓	✓	✓	=					
5	9	✓	✓	✓	=					
7	10	✓	✓	✓						
6	11	✓	✓	✓						
8	12	✓	✓	✓						
4	13	✓	✓	✓						
9	14	✓	✓	✓						
10	15	✓	✓	✓						
	16	✓	✓	✓	=					
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If more than 150 claims or 10 actions
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